



**STATE OF TENNESSEE**  
**DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES**  
**OFFICE OF CONSUMER AFFAIRS**  
**CORDELL HULL BUILDING, THIRD FLOOR**  
**425 5<sup>TH</sup> AVENUE NORTH**  
**NASHVILLE, TENNESSEE 37243**

## **CERTIFIED PEER SUPPORT SPECIALIST Application**

Name (*please print*) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

- 1) The Office of Consumer Affairs requires a minimum of a high-school diploma or GED. Do you have a high-school diploma or GED? If yes, please attach a copy.

Yes ☐ No ☐

- 2) Are you employed by an agency that is licensed by TDMHDD and under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State?

Yes ☐ No ☐

**If yes, please have your immediate supervisor complete and fax the attached Employment Summary Form to the Office of Consumer Affairs.**

- 3) Have you been diagnosed with a mental illness or co-occurring disorder by a physician or psychologist?

Yes ☐ No ☐

- 4) Is your primary diagnosis by a physician or psychologist a substance abuse disorder?

**Yes** ☐

**No** ☐

- 5) Have you self-disclosed that you are a recipient of mental health or co-occurring disorder services as well as identified yourself as a person who has received or is receiving mental health or co-occurring disorder services?

**Yes** ☐

**No** ☐

- 6) In the last two (2) years, have you demonstrated a minimum of twelve (12) consecutive months in self-directed recovery (self-directed recovery must show experience in leadership, advocacy, and peer support)?

**Yes** ☐

**No** ☐

- 7) Have you demonstrated successful completion of at least one (1) the evidence-based and/or best practice Peer Support Specialist Training Programs recognized by the TDMHDD? If yes, please attach a copy of the certificate(s) of completion.

**Yes** ☐

**No** ☐

- 8) If you successfully completed the BRIDGES Teacher Training and received a certificate of completion, have you taught at least one (1) complete class annually?

**Yes** ☐

**No** ☐

**If yes, date of the last class taught** \_\_\_\_\_

- 9) Have you worked with adults diagnosed with mental illness or co-occurring disorders for at least six (6) months (paid or volunteer) as a peer counselor, support group leader or peer educator?

**Yes** ☐

**No** ☐

- 10) Indicate below the paid (P) or volunteer (V) experiences you have had in working with other adult peers who are recipients of mental health or co-occurring disorder services:

a) Peer Counselor      Months \_\_\_\_\_ Years \_\_\_\_\_      P / V

Agency \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held \_\_\_\_\_

Briefly Describe Your Work Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

b) Support Group Leader Months \_\_\_\_ Years \_\_\_\_ P / V

Agency \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held \_\_\_\_\_

Briefly Describe Your Work Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

c) Peer Educator Months \_\_\_\_ Years \_\_\_\_ P / V

Agency \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held \_\_\_\_\_

Briefly Describe Your Work Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**My signature below gives permission for the Tennessee Department of Mental Health Developmental Disabilities, Office of Consumer Affairs to use my name, my certification status, and/or the name of employer.**

**My signature also affirms that all of the information contained in this application packet is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information will be grounds to deny or terminate my certification.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_